

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 20 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40010

1. PLACE OF DEATH

County Jefferson
Township Goodman
City St. Louis (No. _____)

Registration District No. 421
Primary Registration District No. 4249

File No. _____
Registered No. 103
St. _____ Ward _____

2. FULL NAME

James Greg.

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>Col-</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Greg.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>57 9 28</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>9</u>
		<u>28</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lead worker.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

13. NAME James Greg.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pottlar Bluff, Missouri

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Alice Greg. (ADDRESS) St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Herculaneum DATE 1-1-1936

19. UNDERTAKER Demente and Hill (ADDRESS) 20 Adam St. St. Louis Mo.

20. FILED 1/10 1936 J. G. Cutledge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1935 to Dec 29 1935
I last saw h. alive on Dec 21 1935 Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis & uremia Date of onset 2 yrs

Hypertensive Heart disease

Other contributory causes of importance: _____

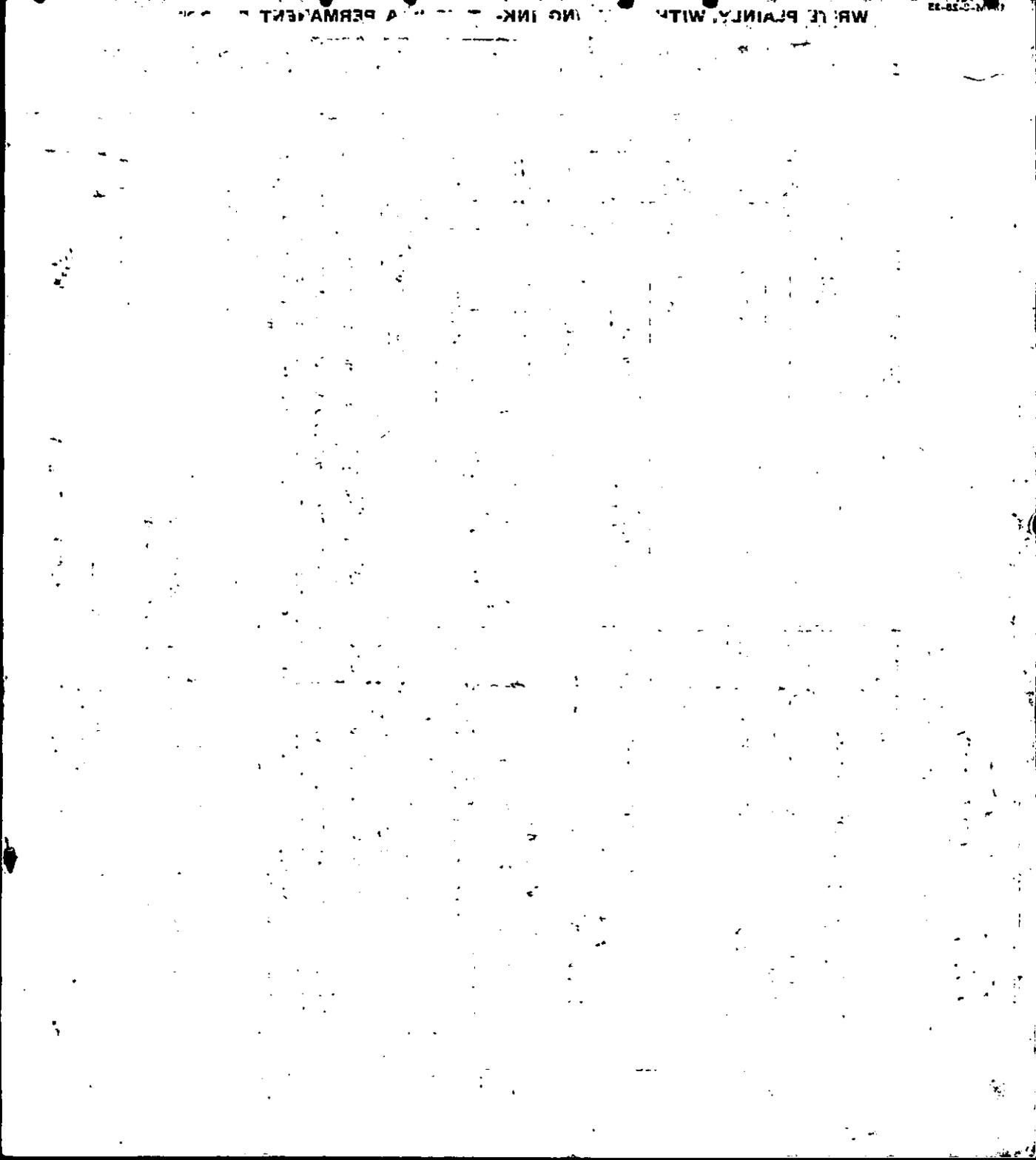
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify George A. Oshkover M. D.
(Signed) _____ (Address) 421 Schermer, St. Louis Mo



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